

Foster Family Home - Corrective Action Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-6

3737 Waiialae Avenue

Reviewer: Julie Hastings

Honolulu HI 96816

Begin Date: 6/24/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date